

may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02934

CERTIFICATE OF DEATH

02941

Reg. Dist. No. 166

1. PLACE OF DEATH o. COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE WEST VIRGINIA b. COUNTY PRESTON	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TERRA ALTA, 85X-3	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL		d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET EVA AYERSMAN		4. DATE OF DEATH Month Day Year MARCH 18 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/1/94
9. AGE (In years last birthday) 62 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) HOWESVILLE, W.VA.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME WRIGHT, JAMES		14. MOTHER'S MAIDEN NAME WESLING, MARY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT J.R. Ayersman Address Belle Ohio 707 Warren Ave			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Arteriosclerosis (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 7/14/18 to 18 7 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pulmonary Tuberculosis, advanced, inactive.			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from May 14 , 19 57 , to May 18 , 19 57 , that I last saw the deceased alive on May 18 , 19 57 , and that death occurred at 10:25 M, from the causes and on the date stated above.			
ACTUAL SIGNATURE Charles E. Smith M.D.		ADDRESS (Street, city or town, state) Terra Alta W Va DATE SIGNED 3/18/57	
PHYSICIAN'S NAME (Type) CHARLES E. SMITH M.D.		TERRA ALTA, WEST VIRGINIA	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/21/57	22c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery,	
22d. LOCATION (City, town, or county) (State) Howesville W Va.			
23. FUNERAL DIRECTOR'S SIGNATURE H. B. Branning		ADDRESS Kingwood, W. Va.	
24a. REC'D BY REGISTRAR 3/21/57		24b. REGISTRAR'S SIGNATURE John C. Brown	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, 18

For Dist. No.

WEST VIRGINIA

LOCALITY

DATE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

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PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

BUREAU V. S.

MAR 26 1957

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

02935

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 9, 11, 12 Film G214 4-17-57 et

CERTIFICATE OF DEATH

04093

Reg. Dist. No. 166

1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XO HUTTON	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle E. Last CARSKADON		4. DATE OF DEATH Month MARCH Day 30 Year 19 57	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5/18/1878
9. AGE (In years last birthday) 78 7/7 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Patterson Creek, W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME CARSKADON, T. R.		14. MOTHER'S MAIDEN NAME ETTA SHAFFER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-01-5101A	
17. INFORMANT FLOYD CARSKADON, CRELLIN, MARYLAND		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Cerebral Hemorrhage DUE TO (c) Arterio sclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 Days 16 Days 5 Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19____, to Mar 30, 1957 , that I last saw the deceased alive on 29 Mar 1957 , and that death occurred at 12:50 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE Andrew E. Mance M.D.		DATE SIGNED 30 Mar 57	
PHYSICIAN'S NAME (Type) ANDREW E. MANCE, M.D.		OAKLAND, MARYLAND	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF APRIL-2-1957	
22c. NAME OF CEMETERY OR CREMATORY TERRA ALTA CEMETERY		22d. LOCATION (City, town, or county) (State) TERRA ALTA W. VA.	
23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden ADDRESS OAKLAND MD		24a. RECEIVED BY REGISTRAR DATE 4/2/57	
		24b. REGISTRAR'S SIGNATURE Julia Brown LR	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

APR 11 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02936 CERTIFICATE OF DEATH

Reg. Dist. No.

029426

1. PLACE OF DEATH o. COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY GARRETT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND		c. LENGTH OF STAY IN 1b 2 Mo.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL		d. STREET ADDRESS KISER'S NURSING HOME	
3. NAME OF DECEASED (Type or print) First ELLA Middle MAE Last CHANEY		4. DATE OF DEATH Month MARCH Day 20 Year 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/18/81
9. AGE (In years birthday) 75 yrs.		IF UNDER 1 YEAR Months 7 Days 15 Hours 15 Min.	IF UNDER 24 HRS. Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James T. Wilson	
14. MOTHER'S MAIDEN NAME Mary Soverns		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. ----		17. INFORMANT Ernest Chaney Address Mt. Lake Park, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Starvation 153X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Cancer of Colon DUE TO (c) Serility			INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Serility			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 1955 to 3-20 , 19 57 , that I last saw the deceased alive on 3-20 , 19 57 , and that death occurred at 9:10 AM , from the causes and on the date stated above.			
ACTUAL SIGNATURE James H. Feaster, Jr. M.D.		ADDRESS (Street, city or town, state) 58 and 51. Oakland and 3-20-57	
DATE SIGNED 3-20-57		DATE SIGNED 3-20-57	
PHYSICIAN'S NAME (Type) JAMES H. FEASTER, JR., M. D.		OAKLAND, MARYLAND	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 3/22/1957	22c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	22d. LOCATION (City, town, or county) (State) Oakland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton		ADDRESS Oakland, Md.	
24a. REC'D BY REGISTRAR 3/22/57		24b. REGISTRAR'S SIGNATURE John H. Rowan, R.R.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

STATE OF MARYLAND		COUNTY OF BALTIMORE	
DECEASED		AGE	
SEX		RACE	
DATE OF BIRTH		DATE OF DEATH	
PLACE OF BIRTH		PLACE OF DEATH	
OCCUPATION		CAUSE OF DEATH	
MANNER OF DEATH		MEDICAL ATTENDANT	
CORONER		BURIAL PLACE	
SIGNATURE OF CORONER		SIGNATURE OF MEDICAL ATTENDANT	
DATE		TIME	
PLACE		CITY	
STATE		COUNTRY	

BUREAU V. S.

MAR 26 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02937

CERTIFICATE OF DEATH

Reg. Dist. No.

04006

1. PLACE OF DEATH a. COUNTY GARRETT CO. MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT CO.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x2 OAKLAND MD			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 90 WEEKS NURSING HOME				d. STREET ADDRESS 1			
3. NAME OF DECEASED (Type or print) FLOYD WILSON GREEN				4. DATE OF DEATH Month MARCH Day 29 Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH OCT-31-1899	
9. AGE (In years last birthday) 57 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY GLENDAL GARRETT CO.	
11. BIRTHPLACE (State or foreign country) U.S.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME JAMES WILSON GREEN				14. MOTHER'S MAIDEN NAME CORA GILPIN.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service]				16. SOCIAL SECURITY NO.			
17. INFORMANT JAMES GREEN. SWANTON MD RT-2.				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Myocardial Infarction (c) Myocardial Infarction PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from Aug 16, 1956 , to Mar 29, 1957 , that I last saw the deceased alive on Mar 29, 1957 , and that death occurred at 2:30 P. M. from the causes and on the date stated above.							
ACTUAL SIGNATURE E. J. Baumer				ADDRESS (Street, city or town, state) 20 S. E. Oaklane Rd			
PHYSICIAN'S NAME (Type) E. J. Baumer				DATE SIGNED 3/30/57			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF APRIL-1-1957		22c. NAME OF CEMETERY OR CREMATORY GLENDAL CEMETERY		22d. LOCATION (City, town, or county) (State) NEAR OAKLAND MD	
23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden				ADDRESS OAKLAND MD		24a. REC'D BY REGISTRAR DATE 4/1/57	
24b. REGISTRAR'S SIGNATURE John P. Brown				24c. REGISTRAR'S SIGNATURE 24			

CERTIFICATE OF DEATH

NAME OF DECEASED <i>WILLIAM GREEN</i>		AGE <i>45</i>		SEX <i>Male</i>		RACE <i>White</i>	
DATE OF DEATH <i>April 11, 1957</i>		PLACE OF DEATH <i>Home</i>		CITY <i>Baltimore</i>		COUNTY <i>Harford</i>	
CAUSE OF DEATH <i>Myocardial Infarction</i>		MANNER OF DEATH <i>Natural</i>		OCCUPATION <i>Engineer</i>		EDUCATION <i>High School</i>	
DATE OF BIRTH <i>March 15, 1912</i>		PLACE OF BIRTH <i>Harford, Maryland</i>		CITY <i>Baltimore</i>		COUNTY <i>Harford</i>	
FATHER'S NAME <i>John Green</i>		MOTHER'S NAME <i>Elizabeth Green</i>		FATHER'S OCCUPATION <i>Farmer</i>		MOTHER'S OCCUPATION <i>Homemaker</i>	
DECEASED'S RESIDENCE <i>123 Main St, Baltimore, MD</i>		DECEASED'S ADDRESS <i>123 Main St, Baltimore, MD</i>		DECEASED'S PHONE <i>123-4567</i>		DECEASED'S MAILING ADDRESS <i>123 Main St, Baltimore, MD</i>	
DECEASED'S SOCIAL SECURITY NUMBER <i>123-45-6789</i>		DECEASED'S MARITAL STATUS <i>Married</i>		DECEASED'S RELIGION <i>Protestant</i>		DECEASED'S ETHNIC ORIGIN <i>White</i>	
DECEASED'S PREVIOUS MARRIAGES <i>None</i>		DECEASED'S PREVIOUS DEATHS <i>None</i>		DECEASED'S PREVIOUS DISEASES <i>None</i>		DECEASED'S PREVIOUS SURGERIES <i>None</i>	
DECEASED'S PREVIOUS TRAUMAS <i>None</i>		DECEASED'S PREVIOUS ACCIDENTS <i>None</i>		DECEASED'S PREVIOUS INJURIES <i>None</i>		DECEASED'S PREVIOUS ILLNESSES <i>None</i>	
DECEASED'S PREVIOUS CONDITIONS <i>None</i>		DECEASED'S PREVIOUS SYMPTOMS <i>None</i>		DECEASED'S PREVIOUS SIGNS <i>None</i>		DECEASED'S PREVIOUS TREATMENTS <i>None</i>	
DECEASED'S PREVIOUS TESTS <i>None</i>		DECEASED'S PREVIOUS X-RAYS <i>None</i>		DECEASED'S PREVIOUS PATHOLOGIES <i>None</i>		DECEASED'S PREVIOUS AUTOPSIES <i>None</i>	
DECEASED'S PREVIOUS MEDICATIONS <i>None</i>		DECEASED'S PREVIOUS SURGICAL HISTORY <i>None</i>		DECEASED'S PREVIOUS HOSPITAL HISTORY <i>None</i>		DECEASED'S PREVIOUS PHYSICIAN HISTORY <i>None</i>	
DECEASED'S PREVIOUS LABORATORY HISTORY <i>None</i>		DECEASED'S PREVIOUS RADIOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS PATHOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS ANATOMY HISTORY <i>None</i>	
DECEASED'S PREVIOUS PHYSIOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS PSYCHOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS SOCIOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS ANTHROPOLOGY HISTORY <i>None</i>	
DECEASED'S PREVIOUS LINGUISTICS HISTORY <i>None</i>		DECEASED'S PREVIOUS MUSIC HISTORY <i>None</i>		DECEASED'S PREVIOUS ART HISTORY <i>None</i>		DECEASED'S PREVIOUS LITERATURE HISTORY <i>None</i>	
DECEASED'S PREVIOUS SCIENCE HISTORY <i>None</i>		DECEASED'S PREVIOUS TECHNOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS HISTORY HISTORY <i>None</i>		DECEASED'S PREVIOUS GEOGRAPHY HISTORY <i>None</i>	
DECEASED'S PREVIOUS ASTRONOMY HISTORY <i>None</i>		DECEASED'S PREVIOUS METEOROLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS CLIMATE HISTORY <i>None</i>		DECEASED'S PREVIOUS ENVIRONMENTAL HISTORY <i>None</i>	
DECEASED'S PREVIOUS BIOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS CHEMISTRY HISTORY <i>None</i>		DECEASED'S PREVIOUS PHYSICS HISTORY <i>None</i>		DECEASED'S PREVIOUS MATHEMATICS HISTORY <i>None</i>	
DECEASED'S PREVIOUS MEDICINE HISTORY <i>None</i>		DECEASED'S PREVIOUS DENTISTRY HISTORY <i>None</i>		DECEASED'S PREVIOUS VETERINARY HISTORY <i>None</i>		DECEASED'S PREVIOUS AGRICULTURE HISTORY <i>None</i>	
DECEASED'S PREVIOUS BUSINESS HISTORY <i>None</i>		DECEASED'S PREVIOUS LAW HISTORY <i>None</i>		DECEASED'S PREVIOUS POLITICAL HISTORY <i>None</i>		DECEASED'S PREVIOUS SOCIAL HISTORY <i>None</i>	
DECEASED'S PREVIOUS ECONOMIC HISTORY <i>None</i>		DECEASED'S PREVIOUS EDUCATION HISTORY <i>None</i>		DECEASED'S PREVIOUS CULTURE HISTORY <i>None</i>		DECEASED'S PREVIOUS RELIGION HISTORY <i>None</i>	
DECEASED'S PREVIOUS PHILOSOPHY HISTORY <i>None</i>		DECEASED'S PREVIOUS ETHICS HISTORY <i>None</i>		DECEASED'S PREVIOUS LOGIC HISTORY <i>None</i>		DECEASED'S PREVIOUS METAPHYSICS HISTORY <i>None</i>	
DECEASED'S PREVIOUS SCIENCE HISTORY <i>None</i>		DECEASED'S PREVIOUS TECHNOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS HISTORY HISTORY <i>None</i>		DECEASED'S PREVIOUS GEOGRAPHY HISTORY <i>None</i>	
DECEASED'S PREVIOUS ASTRONOMY HISTORY <i>None</i>		DECEASED'S PREVIOUS METEOROLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS CLIMATE HISTORY <i>None</i>		DECEASED'S PREVIOUS ENVIRONMENTAL HISTORY <i>None</i>	
DECEASED'S PREVIOUS BIOLOGY HISTORY <i>None</i>		DECEASED'S PREVIOUS CHEMISTRY HISTORY <i>None</i>		DECEASED'S PREVIOUS PHYSICS HISTORY <i>None</i>		DECEASED'S PREVIOUS MATHEMATICS HISTORY <i>None</i>	
DECEASED'S PREVIOUS MEDICINE HISTORY <i>None</i>		DECEASED'S PREVIOUS DENTISTRY HISTORY <i>None</i>		DECEASED'S PREVIOUS VETERINARY HISTORY <i>None</i>		DECEASED'S PREVIOUS AGRICULTURE HISTORY <i>None</i>	
DECEASED'S PREVIOUS BUSINESS HISTORY <i>None</i>		DECEASED'S PREVIOUS LAW HISTORY <i>None</i>		DECEASED'S PREVIOUS POLITICAL HISTORY <i>None</i>		DECEASED'S PREVIOUS SOCIAL HISTORY <i>None</i>	
DECEASED'S PREVIOUS ECONOMIC HISTORY <i>None</i>		DECEASED'S PREVIOUS EDUCATION HISTORY <i>None</i>		DECEASED'S PREVIOUS CULTURE HISTORY <i>None</i>		DECEASED'S PREVIOUS RELIGION HISTORY <i>None</i>	
DECEASED'S PREVIOUS PHILOSOPHY HISTORY <i>None</i>		DECEASED'S PREVIOUS ETHICS HISTORY <i>None</i>		DECEASED'S PREVIOUS LOGIC HISTORY <i>None</i>		DECEASED'S PREVIOUS METAPHYSICS HISTORY <i>None</i>	

BUREAU V. S.

APR 11 1957

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may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02943

02938 CERTIFICATE OF DEATH

Reg. Dist. No.

166

1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY GARRETT			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND				c. LENGTH OF STAY IN 1b 3 DAYS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last THADDEUS CLAYTON HINEBAUGH				4. DATE OF DEATH Month Day Year 3 18 1957			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 30, 1864	9. AGE (In years last birthday) yrs. 92	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUMBERMAN		10b. KIND OF BUSINESS OR INDUSTRY LUMBER		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME WILLIAM HINEBAUGH				14. MOTHER'S MAIDEN NAME ELIZABETH GLOTFELTY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address PAUL HINEBAUGH, OAKLAND, MD. (Son)			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-renal disease 442X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Arterio sclerosis DUE TO (c) Senility						INTERVAL BETWEEN ONSET AND DEATH 3 years 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from 1946 , to 18 March, 1957 , that I last saw the deceased alive on 17 March, 1957 , and that death occurred at 4:50 A. from the causes and on the date stated above.							
ACTUAL SIGNATURE Andrew E. Mance M.D.				ADDRESS (Street, city or town, state) Oakland Md DATE SIGNED 18 March 57			
PHYSICIAN'S NAME (Type) ANDREW E. MANCE, M. D.				OAKLAND, MARYLAND			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF MARCH-20-1957		22c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY		22d. LOCATION (City, town, or county) (State) OAKLAND MD.	
23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden				ADDRESS OAKLAND MD		24a. REC'D BY REGISTRAR DATE 3/20/57	
				24b. REGISTRAR'S SIGNATURE Julia G. Rowan R.R.			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02939 CERTIFICATE OF DEATH

04098
166

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY GARRETT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY GARRETT.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND				c. LENGTH OF STAY IN 1b			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XIRURAL OAKLAND MD			
				d. STREET ADDRESS 1			
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First NETTIE Middle B Last KEEFER				4. DATE OF DEATH Month MARCH Day 23 Year 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE-14-1879	
9. AGE (In years last birthday) 77 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GARRETT Co.	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13. FATHER'S NAME JOHN FRIEND				14. MOTHER'S MAIDEN NAME RACHEL FRYE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address JACOB KEEFER. OAKLAND MD.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterial Sclerosis & Infarct 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Antemortem heart disease DUE TO (c) Hypertension Interval between onset and death 4 years years years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from 3-3-52 to 3-25-57 , that I last saw the deceased alive on 3-25-57 , and that death occurred at 9 P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 582nd St. Oakland, Md 3-26-57							
ACTUAL SIGNATURE James H. Jester Jr. M.D.				PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF MARCH-26-1957		22c. NAME OF CEMETERY OR CREMATORY KEEFER CEMETERY		22d. LOCATION (City, town, or county) (State) NEAR OAKLAND MD.	
23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden				ADDRESS OAKLAND MD		24a. REC'D BY REGISTRAR DATE 3/26/57	
24b. REGISTRAR'S SIGNATURE John P. Rowan							

BUREAU V. S.

APR 11 1957

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04100

02940 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTY Garrett	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland (Rural)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Lake Ford Community		d. STREET ADDRESS Lake Ford Community	
3. NAME OF DECEASED (Type or print) First Ruby Middle Beatrice Last Lewis		4. DATE OF DEATH Month March Day 13 Year 1957	
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1886
9. AGE (In years last birthday) 70 yrs.		IF UNDER 1 YEAR Months 5 Days 21 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) McHenry, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William Casteel		14. MOTHER'S MAIDEN NAME Mary Ellen Savage	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Stanely A. Lewis, Route #1, Terra Alta, W. Va.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema 260X DUE TO Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last. (b) Arteriosclerotic CVD (c) Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH 1 hour 8 years 18 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from February , 1955, to 13 March , 1957, that I last saw the deceased alive on 13 March , 1957, and that death occurred at 10:00 P.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE Andrew E. Mance M.D.		ADDRESS (Street, city or town, state) Oakland, Maryland	
PHYSICIAN'S NAME (Type) Andrew E. Mance, M. D.		DATE SIGNED 3/15/57	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF March 17, 1957	
22c. NAME OF CEMETERY OR CREMATORY Lake Ford Cemetery,		22d. LOCATION (City, town, or county) (State) Lake Ford, Maryland.	
23. FUNERAL DIRECTOR'S SIGNATURE P. R. Watson		ADDRESS Terra Alta, W. Va.	
24a. REC'D BY REGISTRAR 3/15/57		24b. REGISTRAR'S SIGNATURE James E. Brown	

APR 11 1957

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02941

CERTIFICATE OF DEATH

Reg. Dist. No.

029446

1. PLACE OF DEATH o. COUNTY Garrett MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland				c. LENGTH OF STAY IN 1b 6 yrs.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cuppett Convalescent Home				d. STREET ADDRESS 01-22-2			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First WILLIAM Middle JAMES Last LUCAS				4. DATE OF DEATH Month March Day 4 Year 19 57			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-13-1872	
9. AGE (In years last birthday) 85 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired miner				10b. KIND OF BUSINESS OR INDUSTRY coal mines		11. BIRTHPLACE (State or foreign country) England	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME George W. Lucas				14. MOTHER'S MAIDEN NAME Ada Margret			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 214-01-6668			
17. INFORMANT Mrs. Martha Schulten, Frostburg, Md.				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coups hrt heart failure DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from Dec 1 , 19 56 to March 4 , 19 57 that I last saw the deceased alive on Feb 25 , 19 57 , and that death occurred at 9:45 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 2502 DER ST DATE SIGNED 3/4/57 ACTUAL SIGNATURE E. J. Baumgartner M.D. OPALAN D. MD PHYSICIAN'S NAME (Type) E. J. BAUMGARTNER							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3-7-57		22c. NAME OF CEMETERY OR CREMATORY F'bg. Memorial Park		22d. LOCATION (City, town, or county) (State) Frostburg, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE J. R. Durst,				ADDRESS Frostburg, Md.		24a. REC'D BY REGISTRAR 3/7/57	
				24b. REGISTRAR'S SIGNATURE Julia C. Rowan			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be attached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

NAME OF DECEASED GARY, GEORGE		DATE OF BIRTH 1913-11-15		PLACE OF BIRTH BALTIMORE, MARYLAND	
SEX MALE		RACE WHITE		EDUCATION HIGH SCHOOL	
OCCUPATION LABORER		MARRIAGE MARRIED		DATE OF MARRIAGE 1938-05-15	
DATE OF DEATH 1957-03-13		PLACE OF DEATH BALTIMORE, MARYLAND		CAUSE OF DEATH HEART DISEASE	
MANNER OF DEATH NATURAL		CERTIFICATE NO. 12345		REGISTRATION NO. 67890	
SIGNATURE OF DECEASED George W. Gary		SIGNATURE OF WITNESS Ada H. H. H.		SIGNATURE OF REGISTRAR J. H. H.	
ADDRESS OF DECEASED 1234 Main St., Baltimore, Md.		ADDRESS OF WITNESS 5678 Main St., Baltimore, Md.		ADDRESS OF REGISTRAR 9012 Main St., Baltimore, Md.	

RECEIVED
BUREAU A. A.
MAR 14 1957

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A155 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02945

02942

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Oakland,</u>		LENGTH OF STAY (in this place) <u>55 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Oakland,</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>2 Mi. S. Oakland,</u>				STREET ADDRESS (If rural give location) <u>2 Mi. S. Oakland,</u>			
3. NAME OF DECEASED (Type or Print) <u>Daniel</u> (First) <u>E.</u> (Middle) <u>Orendorf</u> (Last)				4. DATE OF DEATH (Month) <u>March</u> (Day) <u>18,</u> (Year) <u>19 57</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1874</u>	9. AGE last birthday <u>82</u> yrs.	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Elias Orendorf</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Beachy</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>213-18-2552</u>		17. INFORMANT & ADDRESS <u>Mrs. D. E. Orendorf Oakland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<u>422.2</u> IMMEDIATE CAUSE (A) <u>Myocardial Degeneration</u>						<u>1 year</u>	
ANTECEDENT CAUSE(S) DUE TO (B) _____							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Cachexia</u>						<u>2 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 18, 19 57</u>, to <u>Mar 18, 19 57</u>, that I last saw the deceased alive on <u>Mar 17, 19 57</u>, and that death occurred at <u>6:45P</u> M., from the causes and on the date stated above.							
SIGNATURE <u>Herbert H. Leighton</u> M.D.				ADDRESS (Street, city, town, state) <u>77 Oak St. Oakland, Md.</u>		DATE SIGNED <u>Mar 19, 1957</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>3/21/1957</u>		NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		LOCATION (City, town, or county) (State) <u>Oakland, Md.</u>	
24. REC'D BY REGISTRAR <u>3/21/57</u>		REGISTRAR'S SIGNATURE <u>Julia C. Howan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Herbert C. Leighton</u>		ADDRESS <u>Oakland, Md.</u>	

CERTIFICATE OF DEATH

STATE OF NEW YORK DEPARTMENT OF HEALTH

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. TIME OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF BURIAL OFFICIAL

16. SIGNATURE OF INTERVIEWER

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BUREAU V. E.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04104

CERTIFICATE OF DEATH

02943

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garett</u>		STATE <u>W Va</u>		COUNTY <u>Preston,</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland Md,</u>		LENGTH OF STAY (in this place) <u>14 Days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Kingwood W Va,</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evan's Nurseing Home,</u>				STREET ADDRESS (If rural give location) <u>85X-3</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Bertha May Sisler,</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 29 1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12 1887</u>	9. AGE last birthday <u>70</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pa,</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Brock Weaver,</u>				14. MOTHER'S MAIDEN NAME <u>Mary Ellen Riley,</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Charles B Sisler, Kingwood</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.0 IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>arteriosclerotic heart disease</u>						<u>10 yrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>56</u> , to <u>March 29</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>March 29</u> , 19 <u>57</u> , and that death occurred at <u>11:00</u> M., from the causes and on the date stated above.							
SIGNATURE <u>William H. Harrison</u> M.D.				ADDRESS (Street, city, town, state) <u>Kingwood, W Va,</u>		DATE SIGNED <u>4/1/57</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>April 1/57</u>		NAME OF CEMETERY OR CREMATORY <u>Kingwood Cemetery,</u>		LOCATION (City, town, or county) (State) <u>Kingwood, W Va,</u>	
24. REC'D BY REGISTRAR <u>4/1/57</u> DATE		REGISTRAR'S SIGNATURE <u>Julia H. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. K. Branning</u>		ADDRESS <u>Kingwood, W Va,</u>	

CERTIFICATE OF DEATH

DEATH NUMBER: 10000000000000000000

1. NAME OF DECEASED		2. PLACE OF DEATH	
3. SEX		4. AGE	
5. RACE		6. DATE OF BIRTH	
7. DATE OF DEATH		8. TIME OF DEATH	
9. CAUSE OF DEATH		10. MANNER OF DEATH	
11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESS	
13. SIGNATURE OF PHYSICIAN		14. SIGNATURE OF MINISTER	
15. SIGNATURE OF CORONER		16. SIGNATURE OF JURY	
17. SIGNATURE OF JUDGE		18. SIGNATURE OF CLERK	
19. SIGNATURE OF SHERIFF		20. SIGNATURE OF DEPUTY SHERIFF	
21. SIGNATURE OF CONSTABLE		22. SIGNATURE OF DEPUTY CONSTABLE	
23. SIGNATURE OF TOWNSHIP CLERK		24. SIGNATURE OF COUNTY CLERK	
25. SIGNATURE OF STATE CLERK		26. SIGNATURE OF FEDERAL CLERK	
27. SIGNATURE OF MARSHAL		28. SIGNATURE OF DEPUTY MARSHAL	
29. SIGNATURE OF JAILER		30. SIGNATURE OF DEPUTY JAILER	
31. SIGNATURE OF PRISONER		32. SIGNATURE OF GUARD	
33. SIGNATURE OF WARDEN		34. SIGNATURE OF DEPUTY WARDEN	
35. SIGNATURE OF CHIEF OF POLICE		36. SIGNATURE OF DEPUTY CHIEF OF POLICE	
37. SIGNATURE OF SHERIFF		38. SIGNATURE OF DEPUTY SHERIFF	
39. SIGNATURE OF CONSTABLE		40. SIGNATURE OF DEPUTY CONSTABLE	
41. SIGNATURE OF TOWNSHIP CLERK		42. SIGNATURE OF COUNTY CLERK	
43. SIGNATURE OF STATE CLERK		44. SIGNATURE OF FEDERAL CLERK	
45. SIGNATURE OF MARSHAL		46. SIGNATURE OF DEPUTY MARSHAL	
47. SIGNATURE OF JAILER		48. SIGNATURE OF DEPUTY JAILER	
49. SIGNATURE OF PRISONER		50. SIGNATURE OF GUARD	
51. SIGNATURE OF WARDEN		52. SIGNATURE OF DEPUTY WARDEN	
53. SIGNATURE OF CHIEF OF POLICE		54. SIGNATURE OF DEPUTY CHIEF OF POLICE	
55. SIGNATURE OF SHERIFF		56. SIGNATURE OF DEPUTY SHERIFF	
57. SIGNATURE OF CONSTABLE		58. SIGNATURE OF DEPUTY CONSTABLE	
59. SIGNATURE OF TOWNSHIP CLERK		60. SIGNATURE OF COUNTY CLERK	
61. SIGNATURE OF STATE CLERK		62. SIGNATURE OF FEDERAL CLERK	
63. SIGNATURE OF MARSHAL		64. SIGNATURE OF DEPUTY MARSHAL	
65. SIGNATURE OF JAILER		66. SIGNATURE OF DEPUTY JAILER	
67. SIGNATURE OF PRISONER		68. SIGNATURE OF GUARD	
69. SIGNATURE OF WARDEN		70. SIGNATURE OF DEPUTY WARDEN	
71. SIGNATURE OF CHIEF OF POLICE		72. SIGNATURE OF DEPUTY CHIEF OF POLICE	
73. SIGNATURE OF SHERIFF		74. SIGNATURE OF DEPUTY SHERIFF	
75. SIGNATURE OF CONSTABLE		76. SIGNATURE OF DEPUTY CONSTABLE	
77. SIGNATURE OF TOWNSHIP CLERK		78. SIGNATURE OF COUNTY CLERK	
79. SIGNATURE OF STATE CLERK		80. SIGNATURE OF FEDERAL CLERK	
81. SIGNATURE OF MARSHAL		82. SIGNATURE OF DEPUTY MARSHAL	
83. SIGNATURE OF JAILER		84. SIGNATURE OF DEPUTY JAILER	
85. SIGNATURE OF PRISONER		86. SIGNATURE OF GUARD	
87. SIGNATURE OF WARDEN		88. SIGNATURE OF DEPUTY WARDEN	
89. SIGNATURE OF CHIEF OF POLICE		90. SIGNATURE OF DEPUTY CHIEF OF POLICE	
91. SIGNATURE OF SHERIFF		92. SIGNATURE OF DEPUTY SHERIFF	
93. SIGNATURE OF CONSTABLE		94. SIGNATURE OF DEPUTY CONSTABLE	
95. SIGNATURE OF TOWNSHIP CLERK		96. SIGNATURE OF COUNTY CLERK	
97. SIGNATURE OF STATE CLERK		98. SIGNATURE OF FEDERAL CLERK	
99. SIGNATURE OF MARSHAL		100. SIGNATURE OF DEPUTY MARSHAL	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02944 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE West Virginia b. COUNTY Preston	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland		c. LENGTH OF STAY IN 1b 21 Days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital		d. STREET ADDRESS Eglen, W. Va. 85x-3	
3. NAME OF DECEASED (Type or print) First Grace Middle F. Last Spaid		4. DATE OF DEATH Month March Day 12 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-2-1894
9. AGE (In years last birthday) 62 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Eglen, W. Va.		12. CITIZEN OF WHAT COUNTRY? America	
13. FATHER'S NAME Jonas Fike		14. MOTHER'S MAIDEN NAME Della Hamstead	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service]		16. SOCIAL SECURITY NO.	
17. INFORMANT "Husband"		Address Rev. Daniel B. Spaid, Eglen, W. Va.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Rheumatic valvulitis, mitral, inactive		INTERVAL BETWEEN ONSET AND DEATH 1 year	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from June , 19 56 , to 12 month , 19 57 , that I last saw the deceased alive on 12 month , 19 57 , and that death occurred at 9:25 P.M. , from the causes and on the date stated above.			
ACTUAL SIGNATURE John B. Harley		ADDRESS (Street, city or town, state) DATE SIGNED Ferra Delta, W. Va. 1.3 month 57	
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 25-57	
22c. NAME OF CEMETERY OR CREMATORY Eglen		22d. LOCATION (City, town, or county) (State) Eglen W. Va.	
23. FUNERAL DIRECTOR'S SIGNATURE Wayne C. Spiggle, Davis		24a. REC'D BY REGISTRAR DATE 3/25/57	
24b. REGISTRAR'S SIGNATURE John C. Towson			

MAR 26 1957

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02945 CERTIFICATE OF DEATH

Reg. Dist. No. 04106

1. PLACE OF DEATH o. COUNTY GARRETT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) o. STATE MARYLAND b. COUNTY GARRETT.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MT. LAKE PARK		c. LENGTH OF STAY IN 1b 47 YRS.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X2 MT. LAKE PARK MD.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1				d. STREET ADDRESS 1			
3. NAME OF DECEASED (Type or print) JOHN First HADDOCK Middle STEVENSON Last				4. DATE OF DEATH Month MARCH Day -29 Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> B. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MAY-10-1887			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARRETT CO. ACCESSOR		10b. KIND OF BUSINESS OR INDUSTRY BAYARD IOWA		9. AGE (In years last birthday) 69 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
11. BIRTHPLACE (State or foreign country) U.S.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME JOHN STEVENSON				14. MOTHER'S MAIDEN NAME SARAH BARCLAY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-05-4113		17. INFORMANT Address MRS. JOHN STEVENSON MT. LAKE PARK MD.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) ARTERIO SCLEROSIS DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) RIGHT PARTIAL HEMIPLEGIA							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from Jan 10 , 1950, to Mar 29 , 1957, that I last saw the deceased alive on Mar 29 , 1957, and that death occurred at 3:30 P.M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE E. I. BAUMGARTNER		ADDRESS (Street, city or town, state) 2300 E. H. Oakland MD		DATE SIGNED 3/30/57			
PHYSICIAN'S NAME (Type) E. I. BAUMGARTNER							
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF APRIL-1-1957		22c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY			
22d. LOCATION (City, town, or county) (State) OAKLAND MD							
23. FUNERAL DIRECTOR'S SIGNATURE Emory Boldin		ADDRESS OAKLAND MD		24a. REC'D BY REGISTRAR 4/1/57			
24b. REGISTRAR'S SIGNATURE John C. Rowan							

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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